

FILED FEB 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1478

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 50	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give township) Joplin		a. STATE Oklahoma		b. COUNTY Delaware	
c. LENGTH OF STAY (in this place) 9 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Southwest City Mo		d. STREET ADDRESS Rte 2		9350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Joplin General Hospital				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Lois		b. (Middle) Vera		c. (Last) Holloway	
4. DATE OF DEATH February 1, 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH November 25, 1915		9. AGE (In years last birthday) 35		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Salisaw Oklahoma	
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Humphrey Buttrum		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Jess Al Holloway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hess Holloway Rte 2 Southwest City Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart & Respiratory Failure		ANTecedent CAUSES				63 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Generalized peritonitis					
		DUE TO (c) Parametritis, Salpingitis					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				626X	
19a. DATE OF OPERATION 1-25-51		19b. MAJOR FINDINGS OF OPERATION Drainage				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-30-50 to 2-1-51, 19__, that I last saw the deceased alive on 2-1-51, 19__, and that death occurred at 2:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. E. Heiler M.D.		23b. ADDRESS 521 W. 4th Joplin Mo		23c. DATE SIGNED 2-3-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Worley Funeral Home		24d. LOCATION (City, town, or county) (State) Grove Oklahoma	
DATE REC'D BY LOCAL REG. 2-6-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mortuary Joplin Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-13-51

Jasper County Health Office

County File Number 51-2-102

Date Filed 2-13-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4768

P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.